



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4813

SERIAL NUMBER 10/825,783	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 036624-007
-----------------------------	--	--------------	------------------------	--------------------------------------

APPLICANTS

Russell A. Houser, Livermore, CA;
 Arthur A. Bertolero, Danville, CA;
 Lon Annest, Tacoma, WA;
 Bill Hare, Princeton, NJ;
 Tamer Ibrahim, Oakland, CA;
 Steve Geyster, Milton, MA;
 Wendel Smith, Tacoma, WA;

**** CONTINUING DATA *******

This appln claims benefit of 60/466,653 04/29/2003 and claims benefit of 60/485,568 07/07/2003 *cmh*
 and claims benefit of 60/488,292 07/18/2003 *cmh*
 and claims benefit of 60/499,946 09/02/2003
 and claims benefit of 60/500,761 09/03/2003
 and claims benefit of 60/500,762 09/04/2003
 and claims benefit of 60/512,293 10/17/2003
 and claims benefit of 60/518,270 11/05/2003
 and claims benefit of 60/534,514 01/06/2004 *
 and is a CIP of 10/785,486 02/24/2004 *
 which is a CON of 10/224,659 08/21/2002 PAT 7,025,776 * *cmh*
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>CMH</i> Examiner's Signature	<i>cmh</i> Initials			

ADDRESS

43309

TITLE

Hemostatic patch for treating congestive heart failure

FILING FEE RECEIVED 849	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
----------------------------	---	--